# UNITED STATES HOUSE OF REPRESENTATIVES
## CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2012 JUL 13 PM 1:39
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)
MC

Name: BOB FILNER    Daytime Telephone: 225-7933

| | | | |
|---|---|---|---|
| Filer Status | [X] Member of the U.S. House of Representatives — State: CA District: 51 | [ ] Officer or Employee | Employing Office: |
| Report Type | [X] Annual (May 15, 2012) | [ ] Amendment | [ ] Termination — Termination Date: |

***A $200 penalty shall be assessed against anyone who files more than 30 days late.***

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | X | |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | | X |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | X | |
| IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | | X |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | X | |
| VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $350 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | | X |
| VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $350 from one source)? **If yes, complete and attach Schedule VII.** | X | |
| VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | | X |
| IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | | X |

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | Yes | No |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | | X |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | | X |

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. See examples below.
**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | PUBLIC EMPLOYEES RETIREMENT SYSTEM | PENSION | $14,091 |

For payments to charity in lieu of honoraria, use Schedule II.

Name BOB FILNER | Page 3 of 7

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

**BLOCK A**

## Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than $200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For **all IRAs** and other retirement plans (such as 401(k) plans) that are self-directed (*i.e.*, plans in which you have the power, *even if not exercised*, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

**Exclude:** Your personal residence, including second homes and vacation homes (*unless* there was rental income during the reporting period); any deposits totaling $5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

**BLOCK B**

## Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

**BLOCK C**

## Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments *or* that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if the asset generated no income during the reporting period.

**BLOCK D**

## Amount of Income

For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

**BLOCK E**

**Transaction**

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.

P, S, E

| SP, DC, JT | Asset | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | Transaction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | Examples: Mega Corp. Stock | | | | | X | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | S (partial) |
| DC | Examples: Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| JT | Examples: 1st Bank of Paducah, KY Accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GUARDIAN MUTUAL FUND (NEUBERGER & BERMAN) | | | | X | | | | | | | | | | X | | | X | | | | | | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER



| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BANK of AMERICA (checking) | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| | Congressional FCU | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| | GREAT AMER. INS. TSA #2 | | | X | | | | | | | | | | | | | X | | | | | | | X | | | | | | | | | |
| | FRESNO SCHOOL DIST. BOND | | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |
| | Reserve Money Fund (Mesirow) | | | | | X | | | | | | | | | | | X | | | | | X | | | | | | | | | | | |
| | GE LIFE Commonwealth ANN | | | | | | X | | | | | | | X | | | | | | | | X | | | | | | | | | | | |
| | FRESNO, CA. Sum Bond | | | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

This page may be copied if more space is required.

## SCHEDULE III—ASSETS AND “UNEARNED” INCOME
Continuation Sheet (if needed)

Name **BOB FILNER** Page 5 of 7

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | FRANKLIN FLEX CAP GWTH | | | | X | | | | | | | | | | X | | X | | | | | X | | | | | | | | | | | |
| | FRANKLIN FED TAX FREE | | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | |
| | EATON VANCE INVT. TR. | | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | |
| | FRANKLIN TAX FREE TR | | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | |
| IRA-MESIROW | COLUMBIA FUNDS SER. TR | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | PIMCO FUNDS PAC INVT. | | | | X | | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| | MONEY FUND | | X | | | | | | | | | | | | X | | | | | | | | X | | | | | | | | | | |
| | SUN-AMERICA CASH TR. (IRA-AIG) | | | | X | | | | | | | | | | X | | X | | | | | | | X | | | | | | | | | |
| | AMER. NATL. INS. TSA | | | | | | X | | | | | | | | | | X | | | | | | | | X | | | | | | | | |

This page may be copied if more space is required.

## SCHEDULE V— LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

| SP, DC, JT | Creditor | Date Liability Incurred Mo/Year | Type of Liability | Amount of Liability A $10,001-$15,000 | B $15,001-$50,000 | C $50,001-$100,000 | D $100,001-$250,000 | E $250,001-$500,000 | F $500,001-$1,000,000 | G $1,000,001-$5,000,000 | H $5,000,001-$25,000,000 | I $25,000,001-$50,000,000 | J Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Example:* First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main St., Dover, DE | | | | X | | | | | | |
| | CHASE | Apr, 2010 | Mortgage Washington, DC | | | | | X | | | | | |
| | CHASE | May, 2000 | Mortgage Chula Vista, CA | | | | X | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

## SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $350 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $140 or less need not be added towards the $350 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---|
| *Example:* Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Ethics) | $375 |
| NA | | |
| | | |
| | | |
| | | |
| | | |

**Use additional sheets if more space is required.**

Name BOB FILNER | Page 7 of 7

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | City of Departure—Destination—City of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Number of days not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | DC—Chicago—DC | N | N | N | None |
| | Roycroft Corporation | Aug. 6–11 | DC—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | PACIFICA INSTITUTE | Apr. 15-24 | DC – ISTANBUL – DC | Y | Y | N | NONE |
| | HARPO PRODUCTIONS | Apr. 27-30 | San Diego-Chicago-DC | Y | Y | N | 2 |
| | COLORADO IRANIAN-AMERICAN COMMUNITY | June 16-21 | DC - PARIS - DC | Y | Y | N | 2 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

This page may be copied if more space is required.